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APPLICATION NUMBER FILING DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO.

EXAMINER ART UNIT PAPER NUMBER **DATE MAILED:**

INTERVIEW SUMMARY

All participants	(applicant, applicant's	representative, PTO pers	onnel):	thresh		BEST /
(2) Date fintervie	vy 10-5	5-03	(4)			AVAILAB
Type: Telep		copy is given to applie	cant applicant's repr	esentative).		LAB
Exhibit shown	or demonstration cond	ucted: Yes No If	yes, brief description:		*	—— <u> </u>
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2. Since the rejections is consider the interv	Examiner's interview and requirements that ared to fulfill the responsew unless box 1 above	summary above (including that may be present in the lates requirements of the lates also checked. The unless it is an attachme of the lates also checked.	any attachments) reflect at Office action, and since at Office action. Applicar	ts a complete response to the claims are now allow the claims are now allow the claims are now allow the control of the contro	o each of the objection wable, this completed for widing a separate recor	is, The Seal of on the seal of one of
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